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Emigrants recommended for rejection.

Number of emigrants per steamship *Korea* recommended, January 6, for rejection: For Honolulu, 5; for San Francisco, 10.

Number of emigrants per steamship *Coptic* recommended, January 24, for rejection: For Honolulu, 6; for San Francisco, 3.

Report from Kobe—Emigrants recommended for rejection.

Acting Assistant Surgeon Fowler reports, January 27, as follows:

Number of emigrants per steamship *Doric* recommended, December 26, 1904, for rejection: For Honolulu, 6; for San Francisco, 3.

Per steamship *Manchuria*, January 4, 1905: For Honolulu, 6; for San Francisco, 6.

Per steamship *Gaelic*, January 7, 1905: For Manila, 25.

Per steamship *Coptic*, January 21, 1905: For Honolulu, 1; for San Francisco, 1.

Per steamship *Doric*, December 25, 1904, 9 Korean emigrants rejected; destination not named; per steamship *Korea*, January 14, 1905, 11; per steamship *Coptic*, 7.

PANAMA.

Reports from Colon—Mortuary statistics and sanitary conditions—Yellow fever in city of Panama—Culebra probably a focus of infection—Origin of yellow fever on U. S. S. Boston not determined; Stegomyia found on board; vessel fumigated—Inspection of vessels and fumigation of steamship Urd to destroy mosquitoes.

Acting Assistant Surgeon Mohr reports, January 31, and February 3, 6, and 9, as follows:

During the week ended January 30, 1905, 7 deaths were officially reported, as follows:

One Panaman, female, 6 months, inflammatory fever; 1 Jamaican, male, 40 years, pulmonary tuberculosis (died in Colon hospital); 1 Venezuelan, male, 29 years, tabes dorsalis (died in Colon hospital); 1 Panaman, female, 14 days, inanition; 1 Jamaican, male, 27 years, pyothorax (died in Colon hospital); 1 American, male, 45 years, yellow fever (died in Colon hospital); 1 Jamaican, male, 44 years, phthisis.

Officially estimated population, 8,000.

The case of yellow fever was made the subject of a special report, dated January 30, 1905. The locality in which the disease was contracted has not been determined, but in the absence of any data it can be regarded as having been contracted in Panama. It is certain that the man had not been in Colon for some time prior to his illness.

The infection on board the U. S. S. *Boston* has not yet been traced to its source. The chief quarantine officer informs me that the disease was not recognized until the night of the 24th, the first case having developed on the 19th, when the assistance of the Isthmian quarantine service was requested, the surgeon of the ship being among the victims. The disease was confined to the officers living in, and to men connected with, the wardroom. Not one of the 300 nonimmunes quartered in the forward part of the ship contracted the disease. The assumption is that some one with a mild attack of the disease, too slight to be noted,